Winter 1999
Vol. 2, Issue 1

HealthLink

CIS
CONSUMER & INDUSTRY SERVICES

The Challenge of Chronic Pain Management

VIEWPOINT

Kathleen M. Wilbur, Director
Consumer & Industry Services

My sincerest thanks to all of you for your letters and comments about our first issue of *HealthLink*. Your input is an invaluable resource in helping to make *HealthLink* a publication that serves you well.

This time we're tackling another tough issue: pain management. The management of chronic and terminal pain is one of the most important topics being discussed in medicine and politics today. It's also clear that when Michigan residents voted overwhelmingly against Proposal B, we recognized a need for caring and compassionate alternatives to assisted suicide.

What's sometimes not so clear is the balance that we need to maintain in government as we work on important issues. A prime example of this balance is the Official Prescription Program (OPP), which is described in the feature story of this issue of *HealthLink*.

This program was designed to address the diversion of schedule 2 drugs to the streets. As you will see from the introduction to this article, we were encountering a serious problem caused by prescribers, doctor shoppers and those who were fraudulently using fake prescriptions. While this solution may not be perfect, we couldn't hope for better success in meeting the goal of stopping diversion and fake prescriptions.

However, we need to balance diversion issues with those of compassionate and adequate pain management. I continue to be concerned by physicians and patients and their families who cite the "chilling effect" the Official Prescription Program has supposedly had on providing adequate pain management medication to those in need.

The Office of Health Services began offering seminars on the OPP as a result of previous recommendations made by the Controlled Substance Advisory Commission. We think it's a good idea and one which should help to remove any remaining concerns about a prescriber's ability to use schedule 2 drugs for pain management.

If you still have concerns about the Official Prescription Program after reading about it in *HealthLink* or attending a seminar, I want to hear about them.

The recently-passed chronic pain legislation is designed to enhance the quality of care for pain and symptom management for Michigan citizens while reducing and removing roadblocks. I am especially pleased with the educational objectives outlined in the legislation. You can read more about the legislation in the Capitol Corner column of this issue of *HealthLink*.

I encourage you to share your ideas with CIS as we continue to address these issues and many others of interest to the health care community.

CIS

Getting Schedule 2 Drugs Off the Streets:

Michigan's Official Prescription Program Works

The problem

"We had a doctor who was selling prescriptions from his car for the highly-addictive drug, Dilaudid, to drug addicts. There was another doctor who was selling prescriptions to drug addicts who came to his office," said Bob Ulieru, Director of the Regulatory Division in the Office of Health Services (OHS).

The Regulatory Division in OHS is responsible for investigations of complaints filed against health care professionals and regularly works with the Drug Investigation Unit of the State Police and the federal Drug Enforcement Agency.

"There was also a case where a salesman with an impacted tooth saw several dentists," Ulieru said when describing a "doctor shopper." "He would tell the Michigan dentists that he was from Ohio and that his dentist said if he had any pain to ask a dentist in Michigan for a particular schedule 2 drug. Since he really did have an impacted tooth, the dentists wrote prescriptions for him. After the salesman filled the prescriptions, he saved some for himself and sold the rest of the drugs on the street."

Other people were writing false prescriptions on fake prescription forms for drugs which they used and also sold on the streets. These fake prescriptions were presented to pharmacists to fill.

As unusual as it may seem now, these activities and many more were a part of the drug climate in the early 1980s. This problem was clouding legitimate drug prescription and use and was adding prescription drugs to the illegal drug trade. In fact, a 1989 survey of pharmacists showed that more than 104,000 forged and/or altered prescriptions were presented to Michigan pharmacists annually.

The solution

As a result, Michigan moved to change its laws to severely reduce the types of illegal activity described above. The legislature determined that the best way to do this was to control the prescription forms used for schedule 2 drugs to prevent fakes or forgeries and to gather information on the use of the drugs in question to identify doctor shoppers in the public as well as unethical, licensed prescribers.

In 1988, the Triplicate Prescription Program (often called "trip script") was enacted. This program required prescribers to write prescriptions for schedule 2 drugs (see sidebar for definitions of schedules) on special state-issued triplicate prescription pads. One copy of the prescription stayed with the prescribing physician, the patient's copy stayed with the pharmacist, and one copy was sent to the State.

Although many in the medical professions still refer to the "trip script" program, in 1993 the program was changed to the Official Prescription Program (OPP) as part of major regulatory reform legislation.

The changes from the Triplicate Prescription Program to the Official Prescription Program addressed the issues associated with the "trip script" program and helped to streamline filing the information with the State.

Specifically, the OPP:

- mandated a single state-issued prescription form instead of the three-part form;
- removed methylphenidate (Ritalin) from the list of drugs required to be written on the state-issued form; (NOTE: Although methylphenidate was removed from the official prescription form in 1994, it is still a schedule 2 drug.)
- increased from three days to five days the time in which a schedule 2 prescription may be filled;
- allowed for the electronic transmission of prescription information from the pharmacy to the OPP.

"The types of changes made to the program made it easier for physicians and pharmacists to comply with its requirements," said Rose Baran, the pharmacy specialist who oversees the OPP in the Office of Health Services. "Physicians no longer have to keep a copy of the prescription form and pharmacists can transmit their data on schedule 2 drugs electronically to the OPP," Baran said. About 45 percent of Michigan's pharmacies now transmit their data electronically.

The OPP is overseen by the Controlled Substance Advisory Commission (CSAC) under the auspices of the Office of Health Services. The CSAC has 20 members: 13 voting members from various professions and seven ex-officio (non-voting) members from various state agencies.

Then, as now, the main objective of the program is to stop the influx of schedule 2 prescription drugs into the illegal drug market. In order to do this, the OPP has three major components: (1) printing and distribution of the official prescription forms for schedule 2 drugs, (2) data collection, and (3) data analysis.

After the patient's prescription is filled by the pharmacist, the information is forwarded by the pharmacist to the OPP and recorded in a secured database. The data collected includes the prescriber, the patient, the drug and dosage, the pharmacy, and relevant dates.

OHS receives regular analytical reports from the database system. The database cross-matches the data and reports exceptions and unusual activities. This type of cross-matching, for example, can be used to identify potential "doctor shoppers" who are obtaining legitimate prescriptions from multiple doctors and often multiple pharmacies. The analysis is also designed to detect possible illegal activities by health care professionals, such as those described above.

Serving Michigan, Serving You

CIS
CONSUMER & INDUSTRY SERVICES

The "Chilling Effect" Controversy

The OPP is not without controversy. Families or organizations which work with the terminally ill sometimes cite physician reluctance to prescribe an adequate level of schedule 2 drugs to control acute levels of pain. This is often referred to as the "chilling effect" of programs, such as the OPP. In other words, the program "chills" the physician's willingness to write prescriptions for appropriate schedule 2 medications because of the need to use the special form or the concern about the State showing up to audit their practice. However, of the 1,131 physicians who responded to a 1997 survey conducted by the Substance Abuse Advisory Commission, only 146 physicians (about 13 percent) responded that they felt the OPP was preventing them from prescribing schedule 2 medications to meet their patients' needs.

Nevertheless, the "chilling effect" may be cited by some physicians as why they do not choose to write prescriptions for schedule 2 drugs for pain management (either chronic intractable pain or pain associated with terminal diseases). Instead, they may choose to write prescriptions for a schedule 3 drug, which doesn't require a special form (thus avoiding the schedule 2 reporting requirements) when a more potent schedule 2 drug may be clinically indicated.

"However," Baran said, "this is an unfair categorization of the OPP. The OPP is designed to keep prescription drugs off the street — not to curtail the legitimate prescription and use of schedule 2 drugs."

Baran acknowledged, however, that since the schedule 2 data is captured and recorded, some prescribers feel as if their prescribing patterns are being watched. She emphasized, "Prescribers who are diagnosing and prescribing properly and keeping good records have nothing to worry about. It's not our role or intent to get involved in the medical management of patients."

"The OPP reports are often used to help us to decide where to focus any investigations we may do," said Ulieru. "Rather than sweeping a broad net, which isn't particularly cost effective," he said, "we can focus on where there may be problems — like the doctor who is selling prescriptions to certain patients for possible resale on the streets."

"Physicians and other prescribers need to understand that just because they write prescriptions for schedule 2 drugs doesn't mean that we'll automatically show up on their doorstep," said Baran. "The OPP report shows prescribers who write a high number of prescriptions for schedule 2 drugs. However, we also look at the specialty and type of practice they have. Where it initially appears that the practice specialty and drug prescribing patterns are consistent, we will likely not do an audit," she said.

"The OPP is designed to protect the public from individuals who are profiting by selling or obtaining prescriptions for illegal purposes. Period. It is not our goal to substitute oversight of possible drug diversion for competent pain management of patients," Baran emphasized.

Baran also acknowledged that she has received reports from some prescribers who say they may cite the OPP to patients as the reason they are not writing a prescription for a schedule 2 drug.

"In fact," she said, "the doctor may have a reason to suspect the patient's report of pain is being used to obtain schedule 2 drugs. Sometimes the physician will use the program reporting requirements as a tactful way out of what could be a confrontation. This adds to the public perception of the 'chilling effect' of the program."

"There's also a philosophy by some that says schedule 2 drugs are dangerous because of their addictiveness," Ulieru acknowledged. But he noted, "when we're talking about the type of pain associated with terminal diseases, such as cancer, addiction certainly is not the worry that it may be with other types of pain patients. Schedule 2 drugs can help physicians manage a terminally-ill patient's pain effectively."

page 3

Unfortunately, concerns about the OPP may guide how some physicians assist their patients in managing other types of chronic pain, such as migraine headaches or back pain. Some physicians have a perception that because the official prescription form is being monitored by the state, they should prescribe a schedule 3 drug instead.

OHS disagrees with this philosophy.

"A patient may be in more danger if he or she gets prescriptions for a schedule 3 drug when a schedule 2 drug would be more appropriate," Baran said. "For example, a patient may need to take a schedule 3 drug containing acetaminophen more often or may resort to taking additional Tylenol as a supplement to help manage the pain. This can mean the patient is getting way too much acetaminophen than is desirable or safe."

"The OPP is designed to protect the public from individuals who are profiting by selling or obtaining prescriptions for illegal purposes. Period. It is not our goal to substitute oversight of possible drug diversion for competent pain management of patients."

– Rose Baran, OHS Pharmacy Specialist

"Open and honest discussions with the patient about pain symptoms, treatment options, and side effects are the best way to handle these issues," said Tom Lindsay, director of the Office of Health Services. "The effective management of pain is complex and there is a wide degree of variability in approaches. We encourage health care professionals to take advantage of the continuing education opportunities to stay on top of pain treatment modalities and associated pain issues," he said.

continued on page 4

Prescription Program Works

continued from page 3

Access to the OPP Data Base

The other controversy associated with the OPP is who has access to the information in the data base.

"Access to the OPP database is very limited," said Baran. "Only those who meet one of the criteria cited in the Public Health Code may review the data. Regardless of whether it's a police agency or an OHS department official, there's an extensive clearance process required to access the database.

The following individuals may access the data base only if the appropriate clearances are authorized by the department director:

- employees and agents of CIS;
- employees of a governmental agency responsible for enforcing the laws pertaining to controlled substances;
- a prescribing practitioner concerning an individual suspected of attempting to obtain a controlled substance by fraud, deceit or misrepresentation; and
- an individual under contract with the department.

The Public Health Code also requires that information submitted to the OPP is confidential, but information may be released for research studies to those authorized by the director. However, information released under this provision of the Public Health Code shall not identify the individuals to whom the information pertains, and shall be released for statistical purposes only.

"Patient identity is deleted a year after it is entered into the database," Baran said. Then after the five-year waiting period, the paperwork is shredded."

OPP Results

Clearly, the OPP has curtailed the black-market for schedule 2 prescription drugs. Since the program started, state and federal law enforcement agencies report a dramatic decrease in the availability of prescription schedule 2 drugs on the streets in Michigan — largely due to the Official Prescription Program.

"The OPP has eliminated virtually all fraudulent prescription forms," according to Rose Baran. "In ten years, the number of fraudulent prescriptions has gone from 104,000 per year to practically zero for schedule 2 drugs."

"Pharmacists feel more comfortable filling a prescription for a schedule 2 drug now that the program and form are in place," Baran said. According to a 1997 survey of pharmacists conducted by the Controlled Substances Advisory Commission, more than 85 percent of the pharmacists said they use the official prescription form to evaluate the prescription's authenticity.

Other findings included in the OPP Evaluation Report show:

- There hasn't been a single documented case of a fraudulent official prescription form (printed by anyone other than the state) produced and cashed at a pharmacy.
- There were less than five official prescription forms reported stolen from the prescriber and then filled.
- The requirement of the prescription form has eliminated printed forgeries for those schedule 2 drugs that need to be written on the official prescription form.

OPP's Future

"The OPP will continue to meet its original job of keeping schedule 2 prescription drugs out of the illegal drug market but it should never be the cause of inappropriate treatment," Lindsay said.

"OHS will be responding to a need for additional education on the OPP which was identified in the survey," added Ulieru.

"For example, the Office of Health Services is starting a series of presentations on the Official Prescription Program for professional organizations," Baran said. "Our objective in these presentations is to help audiences understand what data is collected and how it is used. We'll answer questions. We want to ease some of the concerns prescribers and pharmacists may have about writing and filling schedule 2 prescriptions."

"We will also be responding to other recommendations offered by the Substance Abuse Advisory Commission, such as getting more comprehensive feedback from prescribers and patients," Baran said.

"The OPP has met the need to help keep schedule 2 drugs off the street but it is still needed as a continuing deterrent," said Bob Ulieru.

"Our main goal for the future is to address concerns like the "chilling effect" through education and by reaching out to organizations and educational institutions to provide seminars. We'll also be using the feedback we receive to help guide the future of the program," Ulieru concluded.

EDITOR'S NOTES: For more information on receiving an educational presentation on the Official Prescription Program, contact Rose Baran at (517) 335-4845.

The OHS web site (www.cis.state.mi.us/ohs) contains the Official Prescription Program Report mentioned in this article as well as the feedback survey forms for physicians and patients. Click on "Forms and Publications" on the home page.

Serving Michigan, Serving You

CIS
CONSUMER & INDUSTRY SERVICES

Guide to Controlled Substance Schedules

Schedule	Description	Common Examples	Public Health Code Reference
Schedule 1	Drug with a high potential for abuse and no medical use in treatment in the US; lacks accepted safety for use in treatment under medical supervision.	Heroin, LSD, Mescaline	MCL 333.7211
Schedule 2	Drug with a currently acceptable medical use with severe restrictions. The abuse of the substance may lead to severe psychic or physical dependence.	Percocet, Percodan, Morphine, Dilaudid	MCL 333.7213
Schedule 3	Drug with a high potential for abuse but less so than the substances in schedules 1 and 2; acceptable medical use in treatment in the US; abuse of substance may lead to moderate or low physical dependence or high psychological dependence.	Vicodin Lorcet, Tylenol 3	MCL 333.7215
Schedule 4	Drug with low potential for abuse, relative to substances in schedule 3; currently acceptable medical use in treatment in the US; abuse of schedule 4 substances may lead to limited physical dependence or psychological dependence.	Valium, Xanax, Fastin, Halcion	MCL 333.7217
Schedule 5	Drug with a low potential for abuse relative to the controlled substances listed in schedule 4. Schedule 5 drugs are currently accepted for medical use in treatment in the US. Additionally, schedule 5 drugs have a limited physical dependence or psychological liability relative to the controlled substances listed in schedule 4 or the incidence of abuse is such that the substance should be dispensed by a practitioner.	Lomotil, Robitussin AC, Novahistine DH	MCL 333.7219

Pain Management Assistance Available for Terminally Ill

Michigan Circle of Life. The Circle of Life is a joint effort of the State Department of Community Health, professional associations, organizations of health care providers, education, religion, advocacy groups and others. The group's focus is to preserve the dignity and rights of people who have terminal or chronic illnesses.

Gov. John M. Engler recently announced a $750,000 initiative to Circle of Life to help Michigan physicians, nurses and nurse aides implement the latest technology to improve end-of-life care.

Circle of Life, in conjunction with the Michigan State University Cancer Center and the MSU Communication Technology Laboratory, has produced a CD-ROM for patients and families dealing with cancer. "Easing Cancer Pain: Fireside Retreat" gives personal stories about living with cancer pain, as well as extensive medical information about the techniques for assessing pain, barriers that keep people from receiving effective pain treatment and the treatment, of the pain itself.

For more information about the Circle of Life and "Easing Cancer Pain: Fireside Retreat," call toll free 1-877-224-2727.

Michigan Hospice Organization (MHO). The MHO serves as an advocate for all terminally ill people and their families. The group is comprised of doctors, nurses, social workers, spiritual counselors, home health aides, bereavement counselors and trained volunteers. Its goal is to ensure equal access to quality hospice care and serves as a recognized authority on end-of-life care. For more information, or referrals, contact MHO at (517) 886-6667.

Other resources are available by calling (517) 335-1765 and requesting the list of organizations.

1998 Legislative Session Wraps Up

Pain management legislation:

House, Senate approve pain management legislation

A package of bills dealing with several facets of pain management passed the House and Senate during the State Legislature's lame duck session this year. The bills take effect April 1, 1999.

The bills include:

• A measure that gives physicians a clear legislative policy on using opiates for pain control without fear of prosecution. Specifically, the bill endorses the use of Official Prescription forms and says the Official Prescription Program was not intended to "prevent or inhibit the legitimate, medically recognized use of those controlled substances to treat patients with cases of intractable pain, especially long-term treatment."

• An expansion of the state's administrative committee on pain management to include representatives from nearly every health professional licensing board. The committee oversees education and licensure dealing with pain management as well as reviews changes in pain and symptom management.

• A slate of bills that requires insurance providers to inform subscribers or insureds of their rights and coverage for pain management.

Health professional license regulations:

Information release for license

Any one applying for a health professional license must sign a release granting the licensing board access to information about any pending disciplinary action by a licensure, registration, disciplinary or certification board by any of the following: the US military, federal government, or other country as grounds for disciplinary action in Michigan. Public Act 227 of 1998 was effective July 3, 1998. The Act also adds that final adverse actions by a licensure, registration, disciplinary, or certification board by the US Military, the federal government, or another country as grounds for disciplinary action in Michigan.

Social Security number required

Occupational regulatory agencies now require each person who applies for a license, or wants to renew his or her license, to include his or her Social Security number on the application or renewal. According to Public Acts 331 and 332 of 1998 regulatory agencies are prohibited from issuing an initial license or renewal of a license unless the Social Security number is on file with the agency. This act became effective August 10, 1998.

Peer review definition expanded

In an amendment to the Peer Review Act (Act 270 of 12967), Public Act 59 of 1998 expands the definition of "review entity" to include peer review committees of health care networks, health care organizations and health care delivery systems. These groups are composed of health professionals or health facilities licensed under the Public Health Code, or a health plan qualified under the program for medical assistance administered by the Department of Community Health.

The Act, which went into effect April 20, 1998, also clarifies that the expanded peer review committees have the same requirements to report disciplined health professionals as do health facilities.

Human cloning

Public Acts 108 and 109 of 1998, prohibit human cloning and imposes administrative sanctions for both health professional licensees who practice human cloning and health facilities which allow health professionals to engage in human cloning. The law is effective 91 days after sine die adjournment.

(NOTE: Sine die adjournment is the adjournment of the Legislature without definitely fixing a date for reconvening. The sine die adjournment usually occurs during the last week of December.)

Rescheduled "date-rape" drugs:

GHB moves to schedule 1

Public Act 248 of 1998 reclassified Gamma-hydroxybutyrate (GHB) as a schedule 1 drug, effective July 9, 1998. A schedule 1 drug has a high potential for abuse and has no accepted medical use. GHB was banned as a drug in 1990 by the Food and Drug Administration (FDA). However, there has been a resurgence in the use of GHB as a "date-rape" drug.

Flunitrazepam moves to schedule 4

Flunitrazepam (Rohypnol) has been added to the list of schedule 4 drugs in the Public Health Code, according to Public Act 319 of 1998, effective October 1, 1998. Rohypnol also has been identified as a "date-rape" drug because it could be easily slipped into drinks at parties. The act also makes it a felony to deliver, or cause to be delivered, a controlled substance to commit or attempt to commit a criminal act against an individual. *(NOTE: Rohypnol is not an approved drug product by the FDA for use in this country.)*

Court ruling affects chiropractors and veterinarians

The Court of Appeals recently ruled on a case that involved a northern Michigan chiropractor performing diagnosis and spinal adjustments on horses. An administrative law judge determined that the care and treatment of animals is not specifically included in the chiropractic scope of practice but is included in the scope of practice for veterinarians. Therefore, the practice of equine chiropractic by a chiropractor who is not a veterinarian is outside the scope of chiropractic and is illegal.

The Michigan Court of Appeals affirmed the ruling that chiropractors may not perform spinal adjustments on animals unless the chiropractor is under the supervision of a licensed veterinarian (Docket No. 201322).

The case was remanded to the DSC to issue a Cease and Desist Order against the licensee not to perform chiropractic diagnosis and adjustment of animals without a license to practice veterinary medicine, unless properly under the supervision of a licensed veterinarian.

Serving Michigan, Serving You

CIS
CONSUMER & INDUSTRY SERVICES

Frequently Asked Questions

Official Prescription Program

Q ***Who can write prescriptions for schedule 2 drugs?***

A Only dentists, physicians, podiatrists, and veterinarians who have a Michigan Controlled Substance License may write prescriptions for schedule 2 drugs. Rule 338.3161 of the Controlled Substance Rules requires that the prescriber's DEA license number appear on the prescription blank.

Q ***How do I get official prescription forms?***

A Prescibers should call the Official Prescription Program at (517) 373-1737 to request that an order form be mailed or faxed to you. After you receive the order form, fill it out and sign it. Mail the form (with the original signature) to the printer. You should receive the official prescription forms within 5-7 days.

The request form is also available by printing it from the OHS web site at: www.cis.state.mi.us/ohs. Select "Forms and Publications" on the home page and pull down the OPP Program Forms.

Q ***What happens if I use a lot of official prescription forms?***

A Naturally, doctors with certain specialties such as surgeons or oncologists will prescribe more schedule 2 drugs than others. Prescribers who accurately diagnose, prescribe, and properly document patient prescribing information have no reason to worry.

Q ***How long does a prescriber have to keep records on the dispensing of drugs?***

A Section 333.7334(5)(d) of the Public Health Code requires the information to be retained for a period of not less than five years. However, other tax and contract requirements may require longer periods.

Q ***What do I do with an official prescription form (green and white) that I needed to void?***

A Mark "Void" on the form. You should mail all voided official prescription forms to the address on the lower right corner of the form. The old triplicate prescription forms (blue and white) became void on January 1, 1995.

HPRP **1-800-453-3784**

Education and Retirees

Q ***Are all the continuing education courses that my association approves also approved by my licensing board?***

A Many licensees are under the impression that the courses approved by their associations are automatically approved by their boards. This is not the case. In fact, this misinformation has led to disciplinary action against licensees who may have very good intentions.

If you're wondering whether the courses you are interested in taking to satisfy your continuing education requirements are board-approved, ask your continuing education course provider. If the course is approved, request the documentation that says so and make sure it is sent with the continuing education requirement paperwork.

Q ***I'm retired and would like to renew my license, but I haven't taken any continuing education courses since I've retired. Can I still get my licensed renewed?***

A Michigan does not have an "inactive" status for retirees as some states do. That means that if you are retired and would like to renew your license, you must continue to fulfill your continuing education requirements to maintain your license.

CONTACTING OHS

By Mail:	Office of Health Services P.O. Box 30670 Lansing, Michigan 48909-8170
By Phone:	(517) 335-0918 (900) 555-8374 (License Verification)
Web site:	www.cis.state.mi.us/ohs

HealthLink is a quarterly publication of Consumer & Industry Services – Office of Health Services. Statements and opinions appearing in this newsletter are not necessarily those of the Office of Health Services.

Kathleen M. Wilbur
Director, Consumer & Industry Services

Thomas Lindsay II
Director, Office of Health Services

Diana L. Popp
Editor & Health Programs Specialist

Readers' comments are invited. Please e-mail comments and suggestions to the editor at: diana.l.popp@cis.state.mi.us or write to: Healthlink Editor, OHS, P.O. Box 30670, Lansing, MI 48909.

Printed by Authority of Executive Order 1991-6.
Total Copies: 253,600; Total Cost: $15,690; Cost Per Copy: $0.06

HealthLink

CIS
Consumer & Industry Services

A Look at Regulatory Boards at OHS

Each issue of HealthLink will highlight a few OHS licensing boards. This issue features two:

BOARD OF NURSING

The Michigan Board of Nursing was established in 1909 to determine qualifications for nurse licensing and standards for education as well as approving nurse education programs. The board also develops and implements criteria for continued competency and disciplines licensees when the health, safety and welfare of the public has been threatened.

The practice of nursing is defined in the Public Health Code as the systematic application of substantial specialized knowledge and skill, derived from the biological, physical and behavioral sciences, to the care, treatment, counsel, and health teaching of individuals who are experiencing changes in the normal health processes who require assistance in the maintenance of health and the prevention or management of illness, injury or disability.

There are 23 voting members — nine registered nurses (three with master's degrees, three with bachelor's degrees, and three non-bachelor registered nurses), one nurse practitioner, one nurse midwife, one nurse anesthetist, three licensed practical nurses, and eight public members.

The Board of Nursing regulates more than 114,950 registered nurses, 31,840 licensed practical nurses, 3,420 registered nurse specialists, and two nurse attendants.

Professional Members:
Jerald DeWeerd, R.N., M.S., Grand Rapids — Chair
Alice Rasmussen, R.N., Benton Harbor — Vice Chair
Linda Borowicz, L.P.N., St. Louis
Rosalee R. Carter, L.P.N., West Bloomfield
Johnie Hamilton, R.N., N.P., Detroit
Jennifer Lanczak, L.P.N., Pinconning
Deborah Leblanc, R.N., Williamston
Susan Meeker, R.N., M.S.N., Port Huron
Theresa Niemi, R.N., Marquette
Ralph Papenfuse, R.N., Warren
Cynthia Phillips, R.N., Spring Arbor
Patricia Pittenger, R.N., Lansing
Patricia Underwood, Ph.D., R.N., M.S.N., Portage
Mary Jean Yablonky, R.N., C.R.N.A., Dearborn

Public Members:
Carolyn Boone, Newport
Peggy Brandsorfer, Ada
Judith DePodesta, Rockford
Margaret Hedlund, Lansing
JoAnn Larson, Royal Oak
Louis Prues, Grosse Pointe
Geraldine Vollmer, Plymouth
Jane Welborn, Kalamazoo

BOARD OF DENTISTRY

Formed in 1919, the Michigan Board of Dentistry was established to regulate the practice of dentistry. Specifically, the board provides for examining, licensing and regulating people practicing dentistry dental hygiene; and registered dental assisting; as well as taking disciplinary measures against those who violate any parts of the act. The board regulates more than 7,600 dentists, 8,200 dental hygienists, and 11,020 dental assistants.

The practice of dentistry, as defined by the Public Health Code, is the diagnosis, treatment, prescription or operation for a disease, pain, deformity, injury, or physical condition of the human tooth, teeth, alveolar process, gums or jaws, or their dependent tissues. Dental hygiene as defined by the Public Health Code, means practice at the assignment of a dentist in that specific area of dentistry based on specialized knowledge, formal education and skill with particular emphasis on preventative services and oral health education. Dental assistants assist in the clinical practice of dentistry based on formal education, specialized knowledge and skill at the assignment and under the supervision of a dentist.

The Board of Dentistry consists of 13 voting members including: seven dentists, two dental hygienists, two registered dental assistants, and two public members. It regulates more than 7,630 dentists; 8,360 registered dental hygienists; and 1,020 registered dental assistants.

Professional Members:
James Wieland, D.D.S., Grand Rapids — Chair
D. Scott VanderVeen, D.D.S., Clarkston — Vice Chair
Sandra Earls, C.D.A., R.D.A., Lansing
Loren Gardner, D.D.S., Traverse City
Mary Govoni, R.D.A., R.D.H., Okemos
Pamela Hammel, D.D.S., Grosse Pointe
Joseph Harris, D.D.S., Detroit
S. Pamela Herrera, D.D.S., Bloomfield Hills
Mary Johnston, R.D.H., Lansing
Thomas Robinson, D.D.S., Sault Ste. Marie

Public Members:
Henry Fuhs, Jr., Grand Rapids
Colleen McClorey, Livonia